5/26/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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Phone

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPG NW 115TH LLC

Certificate of Status Certified Copy Page Count Estimated Charge \$60.00

Electronic Filing Menu

Corporate Filing Menu

S. WARREN

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SPO NW 115TH LLC.			
(Name of the Li	nited Ljubility Company as (A Florida Limited Liabili	il now appears on our records.)	<u> </u>
The Articles of Organization for this Limited		offled on December 13, 2010	and assigned
Florida document number L10000127278	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability of	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or the	nhbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		<u> </u>
(Principal office address MUST BE A STRE	ETADDRESS)	**	`
			
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE	E BOX)	· · · · · · · · · · · · · · · · · · ·	
	in the same of the		
B. If amending the registered agent and registered agent and/or the new registered of	Nor registered office soffice s	address on our records, ente	er the name of the nev
Name of New Registered Agent:	CT Corporation Syste	ın	····
New Registered Office Address:	1200 South Pine Islan	d Road	
		Enter Florida street uiddress	
	Plantation	Florida	33324
	C)	lıv	Zip Code
lew Registered Agent's Signature, if changing	Registered Agent:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address; I hereby confirm that the limited liability. company has been notified in writing of this change.

Page 1 of 3

If amending Authorized Person	(s) authorized to manag	e, enter the title.	name, and address of	of each person	being added
or removed from our records:					

MGR = Manager AMBR = Authorized Member

Add	Title	Name	Address	Type of Action
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Filing Fee: \$25.00